



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0474	JT&8	Arlee Elem	24	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.

(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		PO Box 37	
Printed Name of Authorized Official		City	Zip Code
		Arlee	59821
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2004	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0475	JT&8	Arlee H S	24	HS

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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		PO Box 37	
Printed Name of Authorized Official		City	Zip Code
		Arlee	59821
Title		Date	

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Helena, MT 59620-2501

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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0477	23	Polson Elem	24	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		111 4th Avenue East	
Printed Name of Authorized Official		City	Zip Code
		Polson	59860
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0478	23	Polson H S	24	HS

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		111 4th Avenue East	
Printed Name of Authorized Official		City	Zip Code
		Polson	59860
Title		Date	

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Helena, MT 59620-2501

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PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0481	28	St Ignatius K-12 Schools	24	K12

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		PO Box 1540	
Printed Name of Authorized Official		City	Zip Code
		St Ignatius	598651540
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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	Signature



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0483	35	Valley View Elem	24	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		7000 Valley View Road	
Printed Name of Authorized Official		City	Zip Code
		Polson	59860
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
0486	73	Swan Lake-Salmon Elem	24	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		Box 5086	
Printed Name of Authorized Official		City	Zip Code
		Swan Lake	59911
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2004	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
1199	30	Ronan Elem	24	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
Printed Name of Authorized Official		Drawer R	
		City	Zip Code
Title		Ronan	59864
		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2004	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
1200	30	Ronan H S	24	HS

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
Printed Name of Authorized Official		Drawer R	
		City	Zip Code
Title		Ronan	59864
		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

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	Signature



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
1205	7J	Charlo Elem	24	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		PO Box 10	
Printed Name of Authorized Official		City	Zip Code
		Charlo	59824
Title		Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
1206	7J	Charlo H S	24	HS

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		PO Box 10	
Printed Name of Authorized Official		City	Zip Code
		Charlo	59824
Title		Date	

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Helena, MT 59620-2501

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	Signature



Office of Public Instruction
Linda McCulloch, Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Due May 31, 2003

Legal Entity #	School Dist. #	School Name	County	Level
1211	33	Upper West Shore Elem	24	EL

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Signature of District Superintendent or Board Chairperson		Street Address or P.O. Box	
		PO Box 195	
Printed Name of Authorized Official		City	Zip Code
		Dayton	59914
Title		Date	

Send completed form to:
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